

Regulatory and Economic Resources
Herbert S. Saffir Permitting and Inspection Center 11805 S.W. 26th Street Miami, FL 33175-2474

786-315-2100 miamidade.gov/permits

## 151348 ON FOR PERMIT APPLICATION

Dear Applicant:					
Please complete th	e following information. You	<i>f</i>		15	of your plans.
First Name: (PRIN	T CLEARLY)	Last N	ame: (PRINT CLEARL	Y) 670	<del></del>
Cellular Number: _	786299	771 Office/	Home Number:		
EMAIL Address:					
Comments:					
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If you are submitt	ing a municipal plan, plea	se provide the munici	pal process numbe	er(s) and ensure th	e municipal
application is in t	he office set of plans				Naconii (
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	PLEAS	E INDICATE IF	F PLANS AR	RE.	
	GOV'T PROJECT/ DEPT		GREEN BL	.DG (NEW CONSTRUCT)	ON ONLY)*
	AFFORDABLE/ WORKFO			C SIGNIFICANCE*	
(*Pursuant to Or	- dinance 99-140; Ordinanc	e 05-115; and Ordinan	ce 08-51. Project r	may have additiona	il requirements.
		EQUESTED R			
☐ ALL	BLDG	☐ DERM	☐ ELEC	☐ ENRG	FIRE
☐ HCAP	☐ LANDSCAPING		☐ PLUM	☐ PWKS	☐ PWCC
√ ROOF	SIGN	☐ STRU	☐ ZNPR	☐ WASD	PWIF
PERMIT BY A	FFIDAVIT CHECK	SHORT TERM EVENT	AFFIDAVIT CHECK		PLAN REVIEW
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	-F	OR OFFICE US	SE ONLY-		
TO BE COMPLET	ĘD BY BUILDING AND O	CUPANOY REPRESE	NTATIVE OR PLAN	S PROCESSING S	PECIALIST:
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Application Date:		Clerk Name://		Allivai	) IIIIG. <u>7 77</u>
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